

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Address

B. Received by Printed Name

C. Date of Deliv

ddress different from item 1? Yes
ir delivery address below: No

JAN 7 2025

U.S. DISTRICT COURT- WVN

WHEELING, WV 26003



9590 9402 7663 2122 1738 60

2. Article Number (*Transfer from service label*)

7022 3330 0001 9666 3232

Restricted Delivery

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Registered Mail Restr |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmatic |
| | <input type="checkbox"/> Signature Confirmatic |
| | <input type="checkbox"/> Restricted Delivery |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Rece